

The Town of Buckeye Community Services Department would like your input to help determine parks and recreation priorities for our community. **This survey will take approximately 10 minutes to complete.** Once completed and returned by Friday, October 26 you will be entered into a raffle for a chance to **WIN \$100** gift certificate to **“WAL-MART”**, the raffle drawing winner will be announced at the Halloween Carnival scheduled for Wednesday, October 31 (*see page 10 for details*). Please return your survey to Town of Buckeye – Community Services, 1003 E Eason Ave., Buckeye, AZ 85326. We greatly appreciate your time!

1. In the past 12 months have you or any member of your household visited any of the Town parks?

☐ Yes (please answer Q1a and 1b) ☐ No (please skip to Q2)

1a. Approximately how often did you or members of your household visit Town parks during the past year?

☐ 1 - 5 visits ☐ 11-19 visits ☐ Don't Know
☐ 6 - 10 visits ☐ 20 or more visits

1b. Overall, how would you rate the physical condition of ALL the parks in the Town you have visited?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Have you or other members of your household participated in any programs offered by the Town of Buckeye over the past 12 months?

☐ Yes (please answer Q2a 2b and 2c) ☐ No (please skip to Q3)

2a. How would you rate the quality of the programs you and members of your household participated in?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

2b. Please check ALL the ways you learn about the Town of Buckeye Community Services activities.

☐ Newspaper ☐ Visited or called a parks/recreation office
☐ Fliers ☐ Community Services Quarterly Brochure
☐ Word of mouth ☐ Returning Customer
☐ Town website ☐ Other: _____

2c. Which of the above is your preference of receiving community information?

3. From the following list, please check **ALL** the organizations that you and members of your household use for parks and recreation programs and facilities.

<input type="checkbox"/> Private schools	<input type="checkbox"/> Private clubs (tennis, health & fitness)
<input type="checkbox"/> Churches	<input type="checkbox"/> Neighboring cities/counties/state parks
<input type="checkbox"/> Private youth sports leagues	<input type="checkbox"/> Local University/Community College
<input type="checkbox"/> YMCA	<input type="checkbox"/> Homeowners associations/apartment complex
<input type="checkbox"/> School District	<input type="checkbox"/> Other _____
<input type="checkbox"/> Town of Buckeye	<input type="checkbox"/> None, do not use any organization

4. From the list in Question 3, which **TWO** organizations do you and your household **USE THE MOST** for recreation and parks programs and facilities? [Write in the numbers from the list in Question 3 for the TWO agencies you use most.]

 Organization Use Most

 Organization Use 2nd Most

5. Please indicate if **YOU or any member of your HOUSEHOLD** has a need for each of the parks and recreational facilities listed on the following page by circling the YES or NO next to the recreational facility.

If YES, indicate if the parks and recreational **FACILITIES** in the Town of Buckeye “completely meet”, “partially meet”, or “do not meet” the needs of your household.

IF YES, HOW MUCH **FACILITY MEETS NEEDS**

100% Completely 50% Partially 0% Does
Meets Needs Meets Needs Not Meet Needs

Does your household have a need for:

(A) Small neighborhood parks.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(B) Youth baseball fields.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(C) Youth softball field.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(D) Large community Parks.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(E) Adult softballs fields.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(F) Off-leash dog parks.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(G) Natural areas/nature parks.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(H) Playgrounds.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(I) Indoor multi-purpose recreation centers.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(J) Skateboarding/roller/in-line hockey rink.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(K) Outdoor basketball courts.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(L) Indoor swimming pools/water parks.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(M) Non-paved walking and biking trails	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(N) Paved walking and biking trails.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(O) Picnic shelters/areas.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(P) Soccer fields.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(Q) Football/lacrosse/field hockey fields.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(R) Indoor fitness and exercise facilities.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(S) Amphitheater/theater.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(T) Tennis Courts.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(U) Frisbee Golf Course.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(V) Outdoor swimming pools/water parks.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(W) Cultural center for art classes, dance, etc.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(X) Public golf course.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(Y) Gymnasiums.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(Z) Skate court/bike court.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....
(AA) Tot lot/splash play area.....	Yes.....	No.....	1.....	2.....	3.....	4.....	5.....

6. **Which FOUR of the facilities from the list in question 5 are most important to your household?** [Please write in the letters below for your 1st, 2nd, 3rd and 4th choices using the letters and numbers in question 5 above.]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

7. **For each of the following functions performed by the Town of Buckeye, please indicate if you feel the function is very important, somewhat important, not important, or not sure by circling the corresponding number.**

	<u>Very</u> <u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Not</u> <u>Important</u>	<u>Not</u> <u>Sure</u>
(A) Providing places for outdoor sports programs	1	2	3	4
(B) Providing places for indoor recreation and fitness activities	1	2	3	4
(C) Providing programs for residents of all ages and families.....	1	2	3	4
(D) Operating and maintaining town parks and facilities	1	2	3	4
(E) Allocating resources equally to different parts of the community.....	1	2	3	4
(F) Providing trails and linear parks	1	2	3	4
(G) Providing places for cultural programs, i.e. theater, arts, dance.....	1	2	3	4
(H) Providing natural areas for wildlife and plants.....	1	2	3	4
(I) Preserving the environment and providing open space	1	2	3	4

8. Which **THREE** of the functions listed in Question 7 do you think should be most important for the Town of Buckeye to provide? [Please write in the letters below for your 1st, 2nd, and 3rd choices using the letters from the list in Question #7 above.]

1st

2nd

3rd

9. Please rate your satisfaction on a scale of 1 to 5, where 5 means “Very Satisfied” and 1 means “Very Dissatisfied”, with the following parks and recreation services.

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
(A) The Town’s youth athletic program.....	5	4	3	2	1	9
(B) The Town’s adult athletic program.....	5	4	3	2	1	9
(C) Other Town recreation programs, such as classes, trips, and special events.....	5	4	3	2	1	9
(D) Ease of registering for programs.....	5	4	3	2	1	9
(E) Fees that are charged for recreation programs.....	5	4	3	2	1	9

10. Listed on the following page are various programs and activities available to Buckeye residents, **either within the Town limits or nearby communities**. For each program or activity please indicate how **many members of your household currently participate in the program and activity** and **approximately how often you currently participate in the activity**. [If more than one person in your household participates in the program or activity, record the average frequency that all members of your household participate.] If you do not participate in an activity or program, write “O” for the # of household users.

How many persons in your household Currently Participate in:	# of household users	IF YOU PARTICIPATE— HOW OFTEN?				
		Seldom or Never	Less than Once/Month	At Least Once/Month	A few times Per Month	Several times Per Week
(A) Adult fitness/aerobics classes, weight training.....		1	2	3	4	5
(B) Running or walking.....		1	2	3	4	5
(C) Using gyms for basketball, volleyball.....		1	2	3	4	5
(D) Attending live theater/concert performances.....		1	2	3	4	5
(E) In-line skating/hockey.....		1	2	3	4	5
(F) Youth soccer.....		1	2	3	4	5
(G) Youth classes, e.g. dance, art gymnastics, etc.....		1	2	3	4	5
(H) Youth flag football.....		1	2	3	4	5
(I) Adult softball.....		1	2	3	4	5
(J) Recreational swimming/swim lessons.....		1	2	3	4	5
(K) Summer recreation /camp programs.....		1	2	3	4	5
(L) Adult Basketball.....		1	2	3	4	5
(M) Competitive swimming.....		1	2	3	4	5
(N) Adult classes, e.g. art, cooking, gardening, etc.....		1	2	3	4	5
(O) Swimming for exercise/water fitness classes.....		1	2	3	4	5
(P) Tennis.....		1	2	3	4	5
(Q) Youth basketball.....		1	2	3	4	5
(R) Attending community special events.....		1	2	3	4	5
(S) Senior/adult programs.....		1	2	3	4	5
(T) Visiting nature areas.....		1	2	3	4	5
(U) Participating in theater, dance, visual arts.....		1	2	3	4	5
(V) Sport special events.....		1	2	3	4	5
(W) Youth volleyball.....		1	2	3	4	5
(X) Skateboarding/roller/in-line hockey.....		1	2	3	4	5
(Y) Other		1	2	3	4	5

11.Which **FOUR** of the activities and recreation programs listed in Question 10 would you and members of your household **participate in more often** if programming was available by the Town of Buckeye? [Please write in the letters and/or numbers in the space below for your 1st, 2nd, 3rd, and 4th choices by using the letters and/or numbers from the list in Question 10 above.]

1st More Often

2nd More Often

3rd More Often

4th More Often

12. The following are **POTENTIAL BENEFITS** that you and your household may receive from parks and recreation programs in the community. For each POTENTIAL BENEFIT, please indicate whether you feel the benefit is very important, somewhat important, don't know, or not important to you and members of your household.

<i>Recreation programs should help participants to develop and improve their:</i>	Very Important	Somewhat Important	Not Important	Don't Know
(A) Physical health: protect current and future health.....1		2	3	9
(B) Civic & Social skills: work with others for common good and promote caring relationships.....1		2	3	9
(C) Mental health: cope with positive & negative situations.....1		2	3	9
(D) Moral/ethical skills1		2	3	9
(E) Leadership skills1		2	3	9
(F) Self worth, self image, feel good about oneself and confidence.....1		2	3	9
(G) Cultural: respect and respond positively to different persons.....1		2	3	9
(H) Understanding of the environment.....1		2	3	9
(I) Motor skills1		2	3	9
(J) Responsibility: accountability for actions and results.....1		2	3	9
(K) Belonging & membership: feel valued by others1		2	3	9
(L) Mastery & Future: can "make it" and has hope for future success.....1		2	3	9

13. Think about potential benefits as they may apply to persons of different ages. For each of the age groups shown below, please indicate which TWO potential benefits listed in Question 12 are MOST IMPORTANT to persons in those age groups. Use the letters by each benefit. If you have no one in that age group, write the word NONE.

Most Important 2nd Most Important

Ages 0-5	_____	_____
Ages 6 to 11	_____	_____
Ages 12 to 17	_____	_____
Ages 18 to 54	_____	_____
Ages 55 and over	_____	_____

Demographics

14. Including yourself, how many people live in your household? _____
15. Counting yourself, how many people in your household are?
 Under 5 years _____ 15 - 19 years _____ 35 - 44 years _____ 65+ years _____
 5 - 9 years _____ 20 - 24 years _____ 45 - 54 years _____
 10 - 14 years _____ 25 - 34 years _____ 55 - 64 years _____
16. What is your age? _____
17. Your gender: ____ Male ____ Female
18. What are your main cross streets? _____
19. What subdivision do you reside? _____
20. What is your total annual household income? (check one)
 ____ (1) Under \$25,000 ____ (4) \$75,000 to \$99,999
 ____ (2) \$25,000 to \$49,999 ____ (5) \$100,000 or more
 ____ (3) \$50,000 to \$74,999

Name: First _____ Last _____

Address: _____ City/State _____ Zip _____

Phone: _____ Email: _____

This concludes the survey; Thank you for your time!
Please return your Completed Survey Addressed to:
Buckeye Community Services, 1003 E. Eason Ave., Buckeye, Arizona 85326